



Sandy Parks & Recreation

2009 Fall Soccer

Player/Parent Registration Form

Please be accurate and completely fill out this form. Failure to do so may cause serious inconvenience or injury.

Office Use Only:

Receipt # _____

Amount Paid _____

Date Paid _____

Received by _____

Late Fee _____ Family Discount _____

Player's Name: _____ ' Male ' Female

(First name)

(Last name)

(Middle Initial)

Address: _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Age: _____ Grade: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____

(Evening): _____

(Cell): _____

Please check
ONE box for
preferred
phone number

Phone (Day): _____

(Evening): _____

(Cell): _____

Parent's E-mail Address: _____ Player's years of organized soccer: _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H): _____ (C): _____

Find your correct age group/gender then put in your preference for day of week/game location.

PROGRAM COST

May 26-July 7

PreK - 2nd Grade **\$42.00**

3rd/4th Grade **\$46.00**

5th - 9th Grade **\$50.00**

July 8-14

PreK - 2nd Grade **\$47.00**

3rd/4th Grade **\$51.00**

5th - 9th Grade **\$55.00**

\$5.00 late fee after July 14th Deadline.

- Standard shirt sizing will be ordered for each age
- Refunds - \$15.00 is non-refundable
- No refund after 1st Game

Players wishing to play together must register together, otherwise requests will be considered but not guaranteed! Player would like to be on the same team as:

BOYS FALL SOCCER

Pre-Kindergarten (Boys)

Wednesday Lone Peak _____

Saturday Eastridge _____

Saturday Flat Iron _____

Kindergarten (Boys)

Thursday Lone Peak _____

Saturday Eastridge _____

Saturday Flat Iron _____

1st Grade (Boys)

Thursday Lone Peak _____

Saturday Eastridge _____

Saturday Flat Iron _____

2nd Grade (Boys)

Wednesday Lone Peak _____

Saturday Eastridge _____

Saturday Flat Iron _____

3rd & 4th Grade (Boys)

Tuesday Lone Peak _____

Saturday Lone Peak _____

5th & 6th Grade (Boys)

Saturday Falcon _____

7th - 9th Grade (Boys)

Saturday Falcon _____

GIRLS FALL SOCCER

Pre-Kindergarten (Girls)

Monday Lone Peak _____

Saturday Lone Peak _____

Saturday Flat Iron _____

Kindergarten (Girls)

Tuesday Lone Peak _____

Saturday Lone Peak _____

Saturday Flat Iron _____

1st Grade (Girls)

Monday Lone Peak _____

Saturday Lone Peak _____

Saturday Flat Iron _____

2nd Grade (Girls)

Tuesday Lone Peak _____

Saturday Lone Peak _____

Saturday Flat Iron _____

3rd & 4th Grade (Girls)

Monday Lone Peak _____

Saturday Lone Peak _____

5th & 6th Grade (Girls)

Saturday Crescent _____

Saturday Falcon _____

7th - 9th Grade (Girls)

Saturday Flat Iron _____

(Game Day and Location may change pending registration numbers.

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2009, and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach or player at any time. I understand that the goals and objectives of the program are based upon fun, fair play, skill development, good sportsmanship and teamwork, and hereby support those goals.

Parent/Guardian Signature _____ Date _____

Make a successful program by volunteering for: (please write your name in)

I will be a Coach: _____ Assistant Coach: _____ Team Parent: _____

(Name)

(Name)

(Name)

Email address (Coach and Assistant Coach only)

~Please sign consent form on reverse side~

SANDY CITY SOCCER PROGRAM

INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____,
agrees to allow my child to participate in the program/activity described below.

Program / Activity Description

The Sandy City Fall Soccer Program runs approximately from August 22, 2009 to October 17, 2009 and utilizes Sandy City fields. Games are played on some weeknights and Saturdays. Participation in the Soccer program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____ Policy / Id. No.: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

**Name of Parent
or Legal Guardian:** _____ **Signature:** _____
(Please print)

~Please fill out and sign registration form on reverse side~